



Management for International Public Health Course

September 9 - October 18, 2002

APPLICATION FORM

Can also be accessed via web: www.cdc.gov/phppo/smdp/

Name and Address of Applicant *(Please type or print.)*

Check one:

☐ Dr. ☐ Ms.

☐ Mrs. ☐ Mr.

Family Name or Surname

Given Name

Preferred Name

Home Address

City

State

Country

Postal Code

Home Telephone Number *(Include country and city codes)*

Home E-mail Address

Gender *(Check one)* ☐ Female ☐ Male

Date of Birth *(For insurance purposes)*

Emergency Contact

Relationship

Telephone Number

Employment Information

Title

Length of Time in this Position

Organization/Institution

Street / P.O. Box

City

State

Country

Postal Code

Work Telephone Number *(Include city code.)*

Work Fax #

Work E-mail Address

Do you prefer receiving mail at: Home ☐ Work ☐ Supervisor's Name

Supervisor's Telephone #

Brief description of your present position: _____

Name _____

Educational Background

Degree	College or University	Country	Dates of Study

Previous Experience as a Management Trainer *(Briefly describe any previous management training that you have conducted.)*

Language Skills

What is your native language? _____

What other languages do you speak? _____

Anticipated Funding Source

Who will sponsor your attendance at the 2002 MIPH course? _____

Sponsoring Agency Contact Information:

Name	Telephone Number <i>(Including country and city codes)</i>	Fax Number	Internet Address

Tuition for the 2002 MIPH course is US \$5,500 (check or international money order payable to the **CDC Foundation**), which includes tuition, books, supplies, health insurance and teaching materials. Applications must be received by **June 1, 2002**. Upon notification of acceptance, tuition fee of US\$5,500 is due. **A US \$500 LATE FEE WILL BE CHARGED FOR TUITION NOT RECEIVED BY THE FIRST DAY OF THE COURSE.** Expenses **IN ADDITION TO THE TUITION** includes roundtrip airfare, food, housing and incidentals - contact our office for an estimate of these costs.

Signature of Applicant _____

Date _____

Please submit signed and dated application no later than June 1, 2002 to:
Sustainable Management Development Program (SMDP)
Centers for Disease Control and Prevention (CDC)
4770 Buford Highway, N.E. (Mail stop - K-36)
Atlanta, Georgia 30341 U.S.A
Tel: (770) 488-8297 Fax: (770) 488-2574
E-mail: smdp@cdc.gov